## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Nn re Patent Application of	Atty Dkt.	SCS-550-519	to 1		at IN	
		C# M#	* d		710	
KIMELMAN et al ( APR 0 8 2009 TC/	A.U.	2195				
\_	Examiner:	A. Kawsar				
Filed: February 11, 2004	Date:	April 8, 2009				
Title: INTERRUPT PROCESSING CONTROL						
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
Sir:	,		<b>T</b> ED.			
This is a response/amendment/letter in the abo		MENDMENT/LET and application and		hereby	/	
incorporated by reference and the signature bel signature thereon.						
☐ Correspondence Address Indicate	tion Forr	n Attached.				
Fees are attached as calculated below:		hilada a sharrash a s				
Total effective claims after amendment 2 previously paid for 26 (at least 20)		highest number x \$52.00	\$0.00 (1202)/\$0.00 (2202)	\$		
Independent claims after amendment previously paid for 3 (at least 3) =		highest number x \$220.00	\$0.00 (1201)/\$0.00 (2201)	\$		
If proper multiple dependent claims now added	d for first tir	me, (ignore improp				
Petition is hereby made to extend the current of paper and attachment(s)	One Two M Three M Four	e Month Extension  Month Extensions  Ionth Extensions (  Month Extensions	\$390.00 (1203)/\$195.00 (2203) iling date of this 1 \$130.00 (1251)/\$65.00 (2251) \$490.00 (1252)/\$245.00 (2252) \$1110.00 (1253/\$555.00 (2253) 1 \$1730.00 (1254/\$865.00 (2254) \$2350.00 (1255/\$1175.00 (2255)	)		
Terminal disclaimer enclosed, add			\$140.00 (1814)/ \$70.00 (2814)	\$		
Applicant claims "small entity" status.	] Statemer	nt filed herewith				
Rule 56 Information Disclosure Statement Filin	g Fee		\$180.00 (1806)	\$		
Assignment Recording Fee			\$40.00 (8021)	\$	0.00	
Other:			, ,	\$	0.00	
			TOTAL FEE	\$	0.00	
☐ CREDIT CARD PAYMENT FOR	M ATTA	ACHED.				
The Commissioner is hereby authorized to char asserted to be filed, or which should have been firm) to our Account No. 14-1140.					y this	
901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808	NIXON & VANDERHYE F.C. By Atty: Stanley C. Spooney, Reg. No. 21/393					
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Facsimile: (703) 816-4100 SCS:kmm	Sigr	nature:	half ffer			
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